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A REVIEW OF MEDICINE: ITS WORK AND ITS WORTH.¹

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MR. PRESIDENT AND FELLOWS OF THE MASSACHUSETTS MEDICAL SOCIETY: As American citizens who have survived the first century of national life and participated in its review, to regret its failures and to recognize its successes, determined to avoid a repetition of the former and to crown the latter with still greater achievements, is it not meet, as students and votaries in the republic of letters and the sciences, that we should devote this hour to a review of medicine, its work and its worth, and consider also our relation to questions external, yet of vital concern to medicine and to the American public as well?²

American colonial medicine had its birth at a period when European medicine was being agitated by rival pathologists, who had produced temporary professional anarchy throughout Western Europe. Harvey's discovery of the circulation was unknown, and the profession was at sea, without compass, rudder, or ballast, save those which Hippocrates and Galen furnished nearly two thousand years before. Laboring under these embarrassments, in a foreign land and an inhospitable climate, surrounded by a native savage foe, isolated from all the world except at long and uncertain intervals, we wonder that it survived the shock at all; but the law of necessity asserted itself. The clergy and the civil magistrate came to the rescue, and essentially repeated the history of transatlantic medicine in its infancy, though upon a plane of intelligence far in advance of the medicine of antiquity. For nearly one hundred and fifty years, till about the last quarter of the last century, our colonial medicine presents but little of interest to the medical student. It was in full sympathy with the low colonial condition of its time, and as that rallied by associate force, by wealth of product, by increase of domain, by culture, by independence of will, medicine rallied to new purpose, and though having lost more than a century of time by isolation and other depressing influences, migration to and fro, and a war upon our northern frontier, gave medical and surgical accession to the

¹ An address delivered before the Massachusetts Medical Society, June 13, 1877.

² Here follows a sketch of the progress of medicine from antiquity to modern times, which we are obliged to omit for want of room. — Eds.

colonies, which resulted in associate efforts to establish American medicine upon a plane more nearly in accord with European medicine. In 1754, Dr. William Hunter, of Scotland, delivered the first course of lectures in this country on anatomy and surgery, accompanied by dissections, at Newport, R. I. In 1762, Dr. William Shippen, of Philadelphia, delivered a similar course in that city, which culminated in founding the first medical school in this country, now the University of Pennsylvania. In 1768, the first medical college of New York was established, with a full corps of professors, all of whom were educated in Europe. This constituted the entire body of public medical instructors prior to the Revolution. During the short intervening period they did good work in the profession, but gave way to the excitement incident to that event, and freely threw themselves upon their country's altar in its defense. Our profession figured honorably and conspicuously on the field of battle, and was ably represented in the councils of the nation at her birth. The Declaration of Independence inspired all along the avenues of thought a resolution to establish an independent literature as well as government, with results, professional and otherwise, eclipsing those of any nation within the century. Immediately succeeding our independence, the old medical schools were reorganized and new ones established. The medical department of Harvard was established in 1782, and of Dartmouth in 1794, fully organized for professional work, with accomplishments of incalculable value to American medicine. During the first half of the present century medical schools multiplied with great rapidity, far too rapidly for the best interests of the profession. Dependent as they were upon students' fees for support, a rivalry for numbers was created, which resulted in lowering the standard of admission to an extent that sensibly affected the intellectual status of American medicine. Nevertheless, she has steadily advanced along the century, and to-day is recognized the peer of Europe in her general anatomy, surgery, chemistry, and materia medica, and as advancing rapidly upon her in her specialties, which are of comparatively recent date upon our shores. These have been watched, and with many regarded with disfavor, as invading the precincts and disparaging the skill of general medicine in the public estimation. I can conceive of a subdivision sufficiently minute to justify this view.

Dr. Barnes, in the London *Lancet*, illustrates it by saying: "I have been recently honored by a visit from a lady of typical modern intelligence, who consulted me about a fibroid tumor of the uterus, and lest I should stray beyond my business, she was careful to tell me that Dr. Brown-Séquard had charge of her nervous system, that Dr. Williams attended to her lungs, that her abdominal organs were entrusted to Sir William Gull, that Mr. Spencer Wells looked after her rectum, and that Dr. Walsh had her heart. If some adventurous doctor should

determine to start some new specialty, and open an institution for diseases of the umbilicus, the only region which, as my colleague, Mr. Simon, says, is unappropriated, I think I can promise him more than one patient." But bear in mind, gentlemen, this is British, not American medicine, of which Dr. Barnes is speaking. Our medical educators, who reflect the true intent of American medicine, demand a thorough theoretical knowledge of general medicine as an indispensable prerequisite to the adoption of any specialty. They recognize the law that the head, the heart, the lungs, and the digestive organs are the great life motors, and have established relations with every fibre and tissue of the human organism, and in the study of disease must be recognized as the great factors in the economy of life, bearing vital relations to disease, wherever located; hence a knowledge of general medicine is necessary to a knowledge of the reciprocal relations of these organs in their diseased manifestations.

Moreover, the rapid advancement of medicine in its literature and practical achievements, during the last quarter of a century, is largely indebted to the scientific specialists, who are ornaments in general medicine as well.

I have but to indicate the names of Bowditch, and Kimball, and Williams, and White, and Knight, and Blake, of our own society, in confirmation of my position; and till subdivision exceeds its present limits in this country, general medicine should welcome the specialist as indispensable to its own best interests.

Medical advancement in this country is due also more largely to the peculiarity of the American mind, to its restlessness, its aggressive character, its persistent determination to reach the ideal, regardless of the obstacles to be overcome, than to the didactics of our schools; for the fact is patent to all before me that our system of public instruction has been unchanged till within a very recent period. The average school has repeated the blunders of its course of instruction for seventy years, though it has advanced with the profession in the recognition and proclamation of scientific results accomplished.

The medical student, fresh from the farm, the workshop, and the common school, matriculated upon the same basis as the bachelor or master of arts, and together for six hours a day, for four months, or the term, listened to scientific disquisitions upon theory and practice, surgery, obstetrics and therapeutics, before anatomy, physiology, pathology, materia medica, or chemistry had revealed their first ray of light to their untutored, uncultured minds, and nought but the genius of an American mind could have evolved and classified from this crammed admixture of scientific lore the fundamental elements of a medical education.

These errors of low standard of admission and order of instruction

have been admitted and deplored for many years, till at last our own Harvard University has broken the fetters which years of custom had welded, and is the first to declare a new departure in her demands for a higher intellectual basis of admission, and a more rational, philosophical system of instruction. As a result she is universally acknowledged to stand without a peer in this country, both in her curriculum and system of instruction; and though radical the change, it is but the prelude to an advance still to be made, which will place her alongside of the leading universities of Europe. The medical profession of this commonwealth must rally to her encouragement, and support in her every endeavor to elevate and advance her standard of matriculation; for view it as we will, our schools must type the profession where they exist. The science of medicine embraces so wide a field of research that the most thoroughly trained and disciplined mind enters that of practice to be often embarrassed by anomalies which have not their counterpart in number or character in any other realm of observation. This fact alone furnishes an unanswerable argument for insisting that our graduates shall be more thoroughly qualified to solve them philosophically. General principles, and not fixed laws, must govern the practitioner of rational medicine, and he who is unable to comprehend a general principle (for want of proper discipline or otherwise), will fail in the application of suitable means to desired ends. While we concede that medicine does not furnish an exact science, nor can it till the laws of pathology become fixed, yet careful research and untiring industry have given a wealth of scientific results and principles that challenge comparison with the world beside. Although therapeutics has hardly kept pace with the other departments of medicine, yet one has but to take the retrospect of a decade to learn that it too has made rapid advancement, and to-day chemical science is furnishing its products for application in greater abundance and in more elegant form than at any other period in its history.

I regard careful, persistent, clinical study by the student as indispensable to a thorough medical education. Not that form of study that consists in running through hospital wards twice a week, in the rear of a learned professor, to see and hear and smell one knows not what; but a careful, daily bedside study of disease and its manifestations, supplemented by lecture and text-book, and a careful observation of the means employed, and their effects as well. This constitutes the only clinical instruction worthy of the name. Clinical medicine can be studied advantageously only in our larger cities, where, and only where, material as diversified as disease itself abounds.

The practical application of this view would necessitate the closing of our country schools, and should do so at once. It would bring public

instruction within such limits as more perfectly to control it in the interest of a higher standard of studentship and a more perfect education. I may be pardoned if I seem to take radical ground upon this important question; for as a graduate of a country school more than a quarter of a century ago, my earlier professional life was daily embarrassed by a want of such practical training in bedside observation of disease, and the application of means thereto, as every large, well-regulated hospital furnishes to all who have eyes to see and judgment to appreciate and appropriate.

Hygiene and preventive medicine have received but little consideration from the profession of this country. Bowditch, Hunt, Toner, and a *very few* worthy compeers, may be justly considered the pioneers in this department of medicine. The laws of established disease have largely occupied the profession, to the exclusion of a study of the laws of *prevention*, till within the last decade. . . . The increasing density of our population and its cosmopolitan character, the development of new territory, and with it new disease, or modifications of old newly typed and disguised, furnish a necessity for active work in this department of medicine hitherto unappreciated by general practitioners. The profession have here a subject worthy of its most careful and wise consideration. And the laity can be secured as aids in this vast field of sanitary science. Lemuel Shattuck, Esq., of this city, is an eminent illustration of this proposition.

The public health and social science associations, though in their infancy, are doing a good work in sanitary science. Our state boards of health, especially that in our own commonwealth, are gathering a fund of scientific material of inestimable value to the present, and emphatically to future generations; for the period is not remote when from this storehouse of material popular sanitary literature will issue and be disseminated, as vital to the health and life-interest of every household; and medicine must take the initiative in this matter. In the country districts, especially, it cannot longer escape the responsibilities attaching to this subject. The law constitutes the boards of selectmen health officers in our municipalities where local professional boards do not exist; and though they represent the average intelligence of our population, they have as a rule never given thought to the subject of hygiene, and hence are of little value, except as executive officers to isolate small-pox, which is the only disease they recognize as coming within their jurisdiction, and happily that is of rare occurrence. Therefore the country is destitute of any organized force in this department of medicine. The district societies, conjointly with the parent society, are the natural allies of the board of state medicine, to study and report the endemics and epidemics, embracing their laws of development, originat-

ing external to the human organism, both geological and meteorological, the latter, by reason of the intervention of artificial laws, furnishing a prolific field for medico-scientific research.

The time and strength of American medicine has been so largely absorbed in developing science for its own purposes that it has given but little thought to questions that may be denominated medical politics, upon which hang its reputation in morals and its rights in legislation. In 1639 the colony of Virginia passed "an act" in the interest of educated medicine and the public also.¹ The colony of Massachusetts passed a law in 1649, which was repeated in the Duke of York's grant, in 1665, for the protection of the public against the medical impostor. But to New York belongs the honor of creating, in 1760, the first statute recognizing the right to protection of *both* physicians and people, entitled An Act to regulate the Practice of Physic and Surgery in the city of New York.²

The preamble to this act expresses so perfectly the situation of to-day that I venture to quote: "Whereas many ignorant and unskilful persons in physick and surgery, in order to gain a subsistence, do take upon themselves to administer physick, and practice surgery in the city of New York, to the endangering of the lives and limbs of their patients, and many poor and ignorant persons, inhabiting the said city, who have been persuaded to become their patients, have been great sufferers thereby; for preventing such abuses for the future, Be it enacted . . . that no person whatsoever shall practice as physician or surgeon before he shall first have been examined and approved" by specified authority. In 1767 the first general regulations for the whole State were adopted.

In 1772 the colony of New Jersey passed "an act" of similar import; the penalty affixed to its violation in each case was £5. In the year 1806, and at various periods since, till 1874, New York has legislated in the interest of educated medicine. Her present statutes bearing upon this question clothe the censors of the state and county medical societies with authority to examine every practitioner of medicine who has not a diploma or other satisfactory evidence of proper qualification, and to reject any not duly qualified. To practice medicine in that State without proper credentials constitutes a misdemeanor punishable by fine or imprisonment, or both, at the discretion of the judge trying the case. In the year 1872 the State of Texas passed a law, which was amended in 1875, regulating the practice of medicine and surgery within its borders. It compels every person practicing medicine and surgery to submit to an examination in anatomy, physiology,

¹ Toner's Annals of Medical Progress, page 50.

² Harris's Abstract of the Principal Laws of the State of New York relating to the Medical Profession, 1875.

pathological anatomy, pathology, surgery, obstetrics, and chemistry. It provides for the appointment of a board of not less than three physicians by the judges in each judicial district. This law is being vigorously enforced throughout the State, with results as satisfactory as its friends had reason to anticipate. It will be observed that theory and practice, therapeutics, and materia medica do not come within the purview of this law; but persons educated in the branches of medical science embraced by this statute may as a rule be regarded qualified to practice medicine. To have attempted to embrace the whole would have prevented any enactment.

The legislature of New Hampshire passed "an act" in 1875, "to regulate the practice of medicine and surgery." By section one of that act each and every medical society, organized under a charter from the legislature of that State, shall, at each annual session thereof, elect a board of censors consisting of not less than three members who shall hold office till others are elected, which board shall have authority to examine and license practitioners of medicine, surgery, and midwifery within the state, except practitioners who have at the date of this act resided five years in the city or town of their present residence. All persons found qualified by proper diploma or upon examination are furnished a certificate of the fact by said board, which certificate must be duly recorded in the county where said practitioner resides, and may be revoked or annulled by the authority granting it. If the holder violates specified provisions of the law, and attempts to practice without a certificate, it is made a misdemeanor punishable by severe penalty.

The State of Vermont passed an act in 1876, identical with that of New Hampshire, except that it recognizes *midwives*, and permits them to practice midwifery where they reside, and exempts them from examination.

A law of similar character, provisioned to conform to our peculiar requirements, would result to the advantage of educated medicine, and emphatically to that of the people.

This society possesses the wisdom and the influence to draw, and cause to be engrafted upon our statute books, a law adapted to the necessities of this commonwealth; and that, too, before the expiration of another legislature. The medical profession has hitherto occupied a false position regarding questions legitimately hers. She should direct legislation upon all questions involving the public health; this is a right conceded to other professions and occupations, where there is a substantial agreement among the parties in interest, as to the necessities for, and character of, the legislation sought. Then why not to medicine, when in the interest of a universal humanity? This commonwealth sustains an anomalous position relative to scientific medicine and the public weal, in view of her recognized culture, and her professed regard

for and protection of the rights of her humblest citizen ; for she pays no tribute to learning, to experience, to honest professional work, so far as statute law is concerned. The cultured and uncultured, the honest man and the knave, occupy a common level, and her citizens are permitted to be preyed upon, and robbed of their substance, their health, and their life even, with impunity by charlatans who infest every city and populous town. The burglar, the highway robber, the midnight assassin, are recognized enemies to safety and good government, and severe penalties await the perpetration of their crimes ; while an infinitely greater enemy to both has no recognized status under our criminal code of law ; a fact demanding instant remedy by legislative enactment, prohibiting the practice of medicine and surgery by any person within this commonwealth who cannot give evidence by diploma from a legally organized medical college, or who, upon examination by a competent legally constituted medical board, is not found to possess adequate knowledge of anatomy, physiology, chemistry, surgery, pathology, pathological anatomy, obstetrics, and medical jurisprudence. That society is infested by enemies who are wrecking the physical constitution, degrading society, and undermining the very foundation of our civilization, is patent to the most superficial medical observer ; and no voice is heard in protestation, nor arm raised for protection.

The next foe to which I advert, is the professional abortionist, who is plying his nefarious practice in every community, involving all classes of society, ravaging the folds of the flock all over our commonwealth, and nation as well, consigning mothers to untimely graves, and robbing the generations of their legitimate fruition. There is not a physician of five years' experience in this presence, who cannot point to broken, stricken households, or to wrecked constitutions, from this cause. The ethics of our society voice its condemnation, and here and there it has been rendered effective by the trial and expulsion of the culprit ; but this has been a spasmodic demonstration, an exceptional act. If there are any of this class still within our jurisdiction, our first duty to ourselves, to the profession at large, and to humanity, is to arraign them and visit upon them condign punishment, and that speedily. But the large mass of offenders are vile charlatans, without our jurisdiction, who assume the title of doctor to deceive the unwary and replenish their coffers.

Medicine should at once proclaim itself upon this subject in language and manner not to be misunderstood and worthy of a noble profession. It is a crime against the body politic that cannot be totally suppressed, but it can be greatly diminished, and the honor of the profession in the effort vindicated. The means to this end are, first, by creating in the public mind a realization of the physical danger attending its perpetra-

tion; second, by efforts to elevate the moral sense of the public to a more adequate appreciation of its criminal character; and third, by causing a revision of our criminal code of law, that it shall recognize the wanton destruction of foetal life a crime coequal with maternal sacrifice.

Allied to this question is another of an importance to demand legislation, both state and national. I refer to the wholesale distribution of quack medicines over our country, — declared panaceas for every disease possible and impossible, within the limits of a single cover. These medicines are swallowed and applied to an extent fearful to contemplate, in view of their contents. Some contain narcotics, notably those prepared for childhood and infancy; some contain poisonous elements, destructive to tissue by continuous use; and some contain alcohol in large proportion; three powerful agents for good when rightly applied, or potent for destruction when used indiscriminately.

At the threshold of life, "soothing syrups" and "pain killers," in the hands of careless mothers and nurses, are proving the American Ganges to the infancy of this generation.

Nor is the curse limited to this class of our population. These narcotics, with "balsams, bitters, hair-restorers," and their like, are depraving taste and inciting functional and organic lesion among all classes to an alarming extent.

Nor do the responsibilities of medicine rest here. The educational system of our country, of inestimable value, constituting the chief bulwark of our civil liberty and of our republican institutions, when properly directed, has developed errors of physical and mental discipline demanding the earnest interposition of medicine. The physiologist has long since discovered and called attention to these evils, but they have never been voiced, nor their eradication attempted by the medical profession.

Our school law recognizes children of from five to fifteen years inclusive, its wards; demands attendance at school for thirty hours a week, and forty weeks in a year. Our educators, desirous of obtaining the largest possible mental development, subject this plastic material to a strain in excess of nature's law of toleration, which must ultimate in physical and mental degeneracy; when by proper modification the interests of both would be subserved. The absurdity of subjecting the child of five years to the same physical discipline as the one of ten or fifteen seems too apparent for discussion in this year of grace; but the fact remains, and medicine is called to solve the problem for its correction in the interests of humanity. The curriculum of study for the advanced classes in our schools embraces elementary anatomy, physiology; and chemistry, and while exceptionally they are taught, as a rule they

are ignored for the reason that the teacher has no adequate appreciation of their value. Instruction in these departments of science should be made obligatory, and not permissive merely. The importance of this question is too apparent to require elaborate argumentation in this presence, therefore the great necessity of urging upon our boards of education attention to this subject with a view to its correction.

The question of mixed schools for the education of the American girls who have reached the period of puberty is one worthy of earnest, immediate attention. The transit of girlhood to womanhood involves an important change in the physical, mental, and moral constitutions, with mutual relations so intimate that to neglect or pervert either involves the whole, a truth which renders this subject of great importance to the race whose motherhood of the generations is involved.

Dr. Clark, an honored fellow of this society, in his *Sex in Education*, has fully and admirably discussed this question. His portrayal of the evils resulting from an associate education with the other sex, viewed from a physiological standpoint, is clear, forcible, and unanswerable. Our female seminaries, as at present conducted, are chargeable with violation of hygienic laws to an extent inexcusable, and requiring instant remedy. They are devoted to education in the arts of polite literature, and give but little time or thought to conserving the physical forces. Chairs of hygiene, as well as physiology, should be established in every seminary of this class, and competent instructors secured for the work so long neglected in this department of science. I shall hardly be charged with exaggeration when I affirm that the average adult in this country knows less of his own mechanism and its governmental laws than of any other science that has engaged the popular attention, and to this fact is due the popular indifference to instruction in its fundamental principles.

Female membership of this society is a question that has forced itself for solution, and will do so again. That a majority of the profession through our country look with disfavor upon female medical education is undoubtedly true; and the arguments in defense of this position are numerous, well founded, and, we believe, unanswerable. That the women of the country concur with the profession overwhelmingly is also true. But a small and aggressive minority entertain an opposite view. They believe that theology, law, and medicine furnish suitable fields for female effort, and one of the number appears at our doors for admission to membership. She has been educated in all the branches of science contemplated by our by-laws; her credentials are faultless; she can sustain the most searching examination by our board of censors; she is to assume the responsibilities of professional life; the public will give her its confidence, accept her services, bestow its emoluments

regardless of our preferences or acts. What we may think of female or mixed colleges in the abstract is foreign to the question at issue ; in that we are essentially agreed ; but we are organized in the interest of science and the public weal. We welcome a new scientific disclosure regardless of origin or authorship ; its value is not commensurate with either, but with its possibilities. Can we, therefore, go behind the exponent to the color, race, or sex without inviting and surely receiving severe criticism ? And is not such position illogical, nay, indefensible from a scientific stand-point ? Arguments, pro and con, of marked ability, from some of ablest membership, have been made ; legal interpretation of our rights to admit her under the act of incorporation has been invoked, giving an affirmative response, yet the antecedents of our society are negative in spirit and practice. I do not share in the solicitude lest the women of this country are to drop from the high estate and sacred sphere which God, and civilization in its highest type of development, have placed them. I do not fear lest they unsex themselves by entering our dissecting rooms, and by joining in surgical exploits. I have too much faith in the law of their effeminacy, in its immutability, which they cannot transcend if they will, they will not if they can. Therefore, when confronted as a society by this mystery in nature, armed with the mysteries of science, must we not admit the latter if lost in amazement at the former ?

Efforts have been made to disparage this society in the public estimation, by foes within and foes without, because of the exercise of a right inherent in every corporate body to prune and slough off any excrescence damaging to its vitality and to its dignity. These efforts have originated in quarters, and have been prosecuted with such pertinacity as to induce some to question the wisdom of our course. The cry of persecution and of proscription was adopted for the purpose of intimidation, hoping thereby to stay the hand of justice in the execution of her decrees. Timidity always exhibits weakness or guilt or both, and most emphatically where principle is involved, and to hesitate or take retrograde steps in such an emergency causes, as it deserves, the chagrin of friends and the contempt of foes.

As a society we are united by cords of mutual responsibility and good faith which can never be broken by a temperate and wise enforcement of our by-laws and code of ethics. They are our Magna Charta, and must be kept inviolate. They are wisely drawn and catholic in spirit. They permit the widest diversity of opinion and practice consonant with science. They frown upon all dogmas, pathies, and isms, as frauds in their assumptions. Yet they appropriate and absorb all of truth embraced in either. They forbid professional affiliations with exponents of any exclusive system or dogma as degrading to our science and damaging to our reputation. They declare there is but one true science of

medicine, which embraces within its scope all truth, from whatever source derived, that can be applied to ameliorate human suffering, to promote longevity and the greatest possible physical, mental, and moral perfection. They pronounce modern eclecticism a fraud, for it elects from a limited field in its *materia medica* and therapeutica. They declare hydropathy a fraud, because it converts water into a universal panacea, denying all philosophy and *drowning* all reason. They assert "allopathy" a fraud in significance and application: a creature of desperation, conceived by empiricism to disparage rational medicine before the judgment of the world. They denounce homœopathy as the giant fraud of the nineteenth century, and so do its nominal advocates and practitioners; for they repudiate its fundamental principles in their daily practice, and this duplicity constitutes their chief shame. Homœopathy, as taught by Hahnemann and his earlier disciples, was so grossly unphilosophical and inert that the generation of its birth would have witnessed its death and consignment to oblivion had it not been abandoned in the domain of *materia medica* and therapeutics. With so powerful an ally as nature furnishes for the dislodgment of functional disease, homœopathy was compelled to abandon its tenets, or alarm and dispel the household of its faith; yet it has never risen to that plane of moral honesty to admit that rational medicine is furnishing it principles of treatment and means for their application. In Germany, the place of its birth, and in France, that of its adoption, there are rarely to be found those so poor as to do it homage. In Great Britain it has maintained but a precarious, sickly existence, and is rapidly dying out, to pass into history with a reputation less enviable than its sister frauds, — the royal touch, chrono-thermalism, and Connecticut Perkinsism; and in this country, though having abandoned its system while it still wears the cloak, it has passed the zenith of its power, even in its disguise. The public mind has but to be illumined by these facts to enable scientific medicine to mount to that plane of influence to which its merits have long since assigned it. Our duties to the public performed, we have no fears for the medicine to come. Pressing forward with the inspiration of the centuries behind her, she is prepared for new triumphs, and is filling all her opportunities with results rich in material and grandly efficient in their practicalities. The collateral sciences are yielding their proportionate quotas in enriching medical literature, and in arming the practitioner for the daily conflicts of professional life. The work of rational, scientific medicine universally made known, its incalculable worth will be acknowledged by the race who constitute our constituency.

Here let us pause in our festivities and pay homage to the honored dead.

Since last we met, the sickle of the destroying angel has entered our circle, and consigned to another and larger circle beyond the shores of time some of our ablest and best: the veteran in years and accomplishments, those in the meridian of life, and the young in the midst of their hopes, while reaching forth with all the ardor of youth to a name and fame in this their chosen life avocation. Death is no respecter of age or acquirements: all must bow alike to its decrees. While we cherish the memory of all our fellowship who have deceased within the year I might seem derelict in the duty custom imposes upon my position did I not recall the name of Channing,¹ who for scores of years upheld the banner of our profession as teacher, practitioner, and fellow of our society, dying at last full of years, with a life-work behind him worthy of the highest emulation; or of Morland,² cut down in middle life, in the midst of his strength and usefulness, leaving no physical lesion to tell us why; or to Buckingham,³ the sound of whose voice has hardly died upon our ears in promulgating and defending scientific medicine, a beloved instructor, a successful practitioner, an honest man, whom to know was to respect and love. Let us, in recounting the memories of these, and of the others who have passed from death unto life from our fellowship, so live that, when our summons comes to go hence to join them, we can lay down our armor, conscious of having fulfilled our obligations to diseased humanity, to each other, to society in its highest and noblest relations, and to God, who is able to give us the victory over sin and death, and reward us with a crown of everlasting life.

RECENT PROGRESS IN DERMATOLOGY.⁴

BY JAMES C. WHITE, M. D.

Melanodermata. — A discussion⁵ with regard to these obscure affections took place in the Medical Society of the College of Physicians, Dublin, upon the report of A. Case resembling One of Addison's Disease, by Dr. Duffey. The cutaneous manifestations, although closely resembling those of the latter affection, disappeared under tonic treatment and good food, and belonged to a series of temporary pigment disturbances which have been recorded from time to time as occurring in individuals living in abject misery. Such cases have been called vagabond's disease. In Gillet's Contributions à l'Histoire de la Mélanodermie⁶ several such cases are reported, collected from the Paris

¹ Dr. Walter Channing died July 27, 1876, aged ninety.

² Dr. William W. Morland died November 23, 1876, aged fifty-eight.

³ Dr. Charles E. Buckingham died February 19, 1877, aged fifty-five.

⁴ Concluded from page 682.

⁵ Dublin Journal of Medical Sciences, March, 1877.

⁶ Thèse de Paris, 1869.

hospital. In nearly all of them the presence of phthiriasis is noticed, and there can be no doubt that this element is often a powerful, if not the sole factor, in the causation of such forms of melasma. The ravages of body lice continued for years upon the skin have been shown to be capable of developing, in consequence of the constant state of cutaneous hyperæmia excited by them, a hue almost as dark as that of the blackest African races.¹

Pigment Deposits. — Gussenbauer² gives the results of his observations of the progressive development of pigment in melanotic sarcoma and other forms of melanoderma. There ensues at first a retardation of the circulation in the small arteries and veins, then expansion of the capillaries and complete stoppage of the current. This is the first stage. Afterwards decoloration of the red corpuscles takes place, with solution of the hæmoglobin in the blood plasma and its diffusion through the walls of the vessels, and finally the absorption of the dissolved coloring matter by the tissues surrounding the vessels. This forms the second stage of the process. The last is the deposition of the pigment in the form of granules of various color.

Elephantiasis Arabum. — Wernher gives³ an analysis of the results of treatment in thirty-two cases in which ligature of large arteries was performed (the femoral twenty-three times). In all but one of the latter series the size of the leg was immediately reduced, but the result was permanent in three cases only. Compression of the femoral, digital and instrumental, was tried four times by Dr. Wernher, and in all of them the diminution in size was as rapid and the effect as permanent as after ligature. As this operation is unattended by the dangers inseparable from tying, he thinks it should be preferred.

Hirsuties. — Dr. Duhring reports⁴ a case and publishes a lithographic portrait of a woman, twenty-three years old, upon whose face is an abundant mustache and beard, the hairs of the latter being four or five inches in length. The back is also somewhat hairy over nearly its whole surface, but the other parts of the body are not remarkable in this respect. The growth upon the face began at the age of ten and continued to increase until she was eighteen, since when it has undergone no change, having never been cut or shaved. Menstruation began when she was fourteen years old, and she was married at seventeen and a half, and has had two children. There are no other signs of masculinity about her, nor have other members of her family for several generations exhibited any *hirsuties*.

Tattooing of Navi. — Dr. Sherwell, of Brooklyn, reports⁵ the suc-

¹ See an example in Hebra's Atlas of Skin Diseases.

² Vierteljahresschrift für Dermat. und Syph., iii. Jahrg. 3 Heft, from Virchow's Archiv.

³ Deutsche Zeitschrift für Chirurgie, 1876.

⁴ Archives of Dermatology, April, 1877.

⁵ Archives of Dermatology, April, 1877.

cessful treatment of several cases of vascular naevi, by tying together some six or eight sewing or suture needles which have been previously wound individually with waxed thread, and, after dipping the points of the instrument thus prepared in a strong solution of carbolic or chromic acid, puncturing the affected skin repeatedly with the same. After the slight bleeding ceases the part is wiped with alcohol, and then painted quickly with two or three layers of collodion. The process may be repeated or extended to other portions of the naevus, if large, in a week or ten days.

On the Use of Chrysophanic Acid in the Treatment of Skin Diseases ;¹ On the Use of Goa Powder in Ringworm.²—These and several other articles upon the cure of tinea circinata by these substances may be found in journals of the past few months. Goa powder, araroba, poli de Bahia, as it is variously called, is a vegetable substance of South America, finding its way to us through India, where its present reputation was gained by its employment against Burmese ringworm. It contains about eighty per cent. of chrysophanic acid, which seems to be its parasitocidal principle. Both the crude powder and the acid possess a decided destructive power over the fungus of the ringworm, and are employed in various forms. On the favus plant, too, it seems to exert the same action. With regard to its influence upon tinea versicolor we are unable to report. With tinea favosa and tonsurans of the hairy portions of the skin, however, it is doubtful if it will be effective, owing to the great difficulty in bringing the agent in contact with the fungus growth in the depths of the hair follicles.

Treatment of Ringworm of the Scalp by Croton-Oil.—Dr. de Lacharrière,³ in order to overcome the latter difficulty, advises the employment of croton-oil mixed with an equal part of lard. This preparation is to be rubbed repeatedly into the scalp until the hairs of the affected parts loosen, owing to the specific folliculitis produced by this substance, and fall. He states that he has obtained many cures in six or eight weeks in this way, after the usual methods of epilation, mercurial applications, and the like have failed.

The Action of Water upon the Healthy and Diseased Skin.—Professor Hebra, at the close of an article⁴ upon this subject, offers the following conclusions :—

(1.) Water is by no means an indifferent agent, but exerts a decided irritation upon the skin, which is capable both of producing diseased action upon it and of causing morbid conditions to disappear.

(2.) It is not the temperature but its macerating and irritating property which is the principal factor in the use of water.

¹ Dr. Balmanno Squire, British Medical Journal, January 30th, et seq.

² Dr. H. R. Crocker, Lancet, January 27th, etc.

³ Bull. gén. de Thérapeutique, August 15, 1876.

⁴ Wiener med. Wochenschr., Nos. 1 and 2, 1877.

(3.) In its employment as fomentations, baths, etc., therefore, the subjective feelings of the patient should determine the temperature.

(4.) General washings or baths, either cold or warm, do not serve as prophylactic measures against affections of the internal organs, but frequently produce diseases of the skin.

(5.) When baths are to be employed with any effect in the treatment of skin diseases, they should always be of considerable length, never less than an hour, and in proper cases warm baths may be continued uninterruptedly, day and night, for months.

The Mechanical Treatment of Skin Diseases. — Professor Auspitz, of Vienna,¹ contributes a timely article upon this subject, which is at present engaging perhaps an undue amount of the attention of dermatologists. His contribution is a valuable one, because it is very impartial in tone, and his conclusions are based upon personal investigation. He recognizes four methods of applying mechanical impressions to the skin: (1) in the form of coverings, by powder or impervious dressing; (2) by rubbing with either smooth or rough surfaces; (3) by scooping or scraping with blunt instruments; and (4) by puncturing or scarifying with pointed, awl, or lance shaped instruments. The objects to be accomplished by such means he considers to be various: first, the establishment of a protection against the air, by which at the same time the fluid products of disease are absorbed, or the skin is fomented by the retained secretions; this is effected by the coverings. Second, irritation or stimulation, which may be accomplished by friction, by scraping with the scoop when the surface is unbroken, and by pricking. By these means the process of inflammation or infiltration may be checked, and the products reabsorbed, partly by an impression upon the peripheral nerves or capillaries, partly and more directly by the destruction of their continuity and local depletion. Third, the removal of diseased portions of tissue, which can be effected either by friction with blunt instruments or by the scooping or scraping process. The materials employed for these various purposes may be briefly enumerated: in the first class the powders, meal, lycopodium, talc, alum, zinc oxyd, bismuth, tannin, etc., and the impermeable rubber cloths, which act as a continual bath. In the second class, instruments for friction, we have water, the various textile fabrics, certain rough substances as pumice-stone, sand, etc., and soaps, by the use of which we may remove chemically or mechanically various forms of efflorescence or secondary products, such as crusts, scales, and the like. In speaking of the action of soap the author makes the following amusing remark: that the most highly cultivated European society is no healthier and stronger than the *seifenscheue Rowdy Nordamerikas oder der ungewaschene Süddeu-Insulaner* (shy-of-soap North American rowdy or the

¹ Vierteljahresschrift für Dermat. und Syph., iii. Jahrg. 4 Hft.

unwashed South Sea Islander). Now there was no occasion to go so far from home to seek examples of dirty skins, for the filthiest races that live belong to the Austrian empire, and are to be seen daily in the skin clinics of its capital, in comparison with whom the American "rowdy" is an alabaster statue, while the South Sea Islanders spend notably a large part of their life in the water. In the third class we have the scoop or curette and the various instruments for puncture or scarification.

The author in the second part of his interesting article discusses the application of these methods in the various diseases for which they have been recommended, giving the valuable results of his own experiments. These affections are eczema, psoriasis, prurigo, lupus vulgaris, lupus erythematosus, acne and comedones, epithelioma, and several minor forms of cutaneous disease. Unfortunately, we have not space to present his conclusions in such detail as would do them justice. In eczema, in addition to the use of powders and rubber cloth in the appropriate stages, he has applied with good effect to limited patches of old and deep infiltration friction with pumice-stone or fine sand, rubbing the latter in on a piece of wet flannel. The friction is continued until slight excoriations are produced, when the parts are painted with a thin coating of oil of cade and covered with rubber cloth. This process is repeated once or twice daily, until the infiltration is reduced, and may be regarded as a substitute for the use of caustic alkalies as recommended by Hebra in similar conditions. In psoriasis he has seen no very beneficial results from scraping, rubbing or puncturing. It is in lupus vulgaris, the disease in which these processes were first employed, that the greatest good may be effected by their use, for by the scoop the destruction and removal of the diseased tissue may be most rapidly accomplished. He uses the spoon for surface infiltration and ulcerations, the lancet for the hyperæmic, infiltrated surroundings, and the stick caustic for the tubercles. These different means may be employed upon any part at the same time, and the process repeated several times a week. Acne and comedones he treats by plunging an instrument with a sharp conical point to the very base of the diseased gland, and then removing by the scoop all diseased products, by which much better results are got, he thinks, than by puncturing with an ordinary lancet. In sycosis shaving is practiced daily, and then the nodules and pustules are treated as in simple acne, keeping the parts enveloped in cloths spread with diachylon ointment. In acne rosacea attempt is made to destroy the enlarged cutaneous vessels by slitting them with a cataract needle, to relieve the surface congestion by repeated puncturing, and the nodules are attacked by the stiletto and scoop. In lupus erythematosus he has obtained the best re-

sults by scraping out the diseased tissue from the centre of the patches, and puncturing with the lancet the hyperæmic surroundings. In epithelioma (the flat form) he does not trust to the scraping process alone, but uses with it caustic pastes spread upon cloth. In the nodular form the scoop is of no benefit.

The Actual Cautery. — Piffard, of New York, contributes ¹ an article upon the use of the cautery in cutaneous surgery, in which he gives a brief historical account of the instruments employed for this purpose hitherto, and of the improvements made in them. He considers the new galvano-cautery batteries of American construction and the heat cautery of Paquelin the best for general purposes; although the solar cautery (by lens) and the heated wire are serviceable at times. The affections in which the actual cautery has been found of service are rosacea, varicose veins, angioma, nævus vascularis, lupus, epithelioma, ulcers, and chancroid.

Poisoning by Cosmetics. — Rosenthal publishes ² a series of cases in which most serious affections of the nervous system, some of them with fatal termination, were produced by the long-continued use of cosmetics containing lead and mercury.

TWENTY-EIGHTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION AT CHICAGO.

TUESDAY, JUNE 5, 1877. Dr. J. Marion Sims, the retiring president, called the meeting to order. He then introduced the president, Dr. Bowditch, with some complimentary remarks, to which the latter briefly responded. Bishop Harris offered prayer, after which Dr. N. S. Davis, of Chicago, delivered the address of welcome. After speaking of the history and attractions of the city, he spoke in praise of the profession. He hoped that his hearers would come to the discussions of the convention with a deep realization of the honor and antiquity of their calling. One word more he wished to say. As this new president had been introduced, it had brought flashing to his mind the first meeting of this assembly, when there were gathered together only seventy-six. Not one of these did he see before him now, so few had they become. The speaker here, looking about the audience, said that he recognized one of these pioneer members, and alluded to Dr. Washington L. Attlee, of Philadelphia, whereupon the gentleman referred to was greeted with applause.

The president then delivered the annual address,³ at the close of which the thanks of the association were tendered him on motion of Dr. Brodie, of Michigan, and it was ordered to be published.

The recommendations contained in the address were referred to the following special committee: Drs. William Brodie, of Michigan; S. D. Gross, of Philadelphia; Eugene Grissom, of North Carolina; J. R. Smith, U. S. A.;

¹ Charleston Medical Journal and Review, January, 1877.

² Wiener med. Wochenschr., 1876, und Vierteljahr. für Dermat. und Syph.

³ Vide last week's JOURNAL.

J. R. Bartlett, of Wisconsin; J. P. White, of New York; J. M. Toner, of the District of Columbia.

THE SECTIONS.

Section 1, Practical Medicine, Materia Medica, and Physiology, was called to order by the chairman, Dr. P. G. Robinson, of Missouri. Dr. B. A. Vaughan, of Mississippi, officiated as secretary.

The first subject before the assembly was the treatment of croupous pneumonia, by Dr. A. B. Palmer, of Michigan. The title of this paper was The Effects of Quinine in the Treatment of Pneumonia, and the antipyretic value of doses of from twenty to forty grains of the drug given within twenty-four hours, combined with a moderate dose of morphine, was well set forth. The next paper was entitled Effects of Remedies in Small Doses, by Dr. John Morris, of Maryland; the possible effect of very minute doses was discussed. The reader of the paper asked to have it excluded from the records of the association, owing to some defects which he saw in it, and that he be allowed the privilege of printing it, with the recognition of the association, in any medical magazine he should select. The requests were granted.

Section 2, Obstetrics and Diseases of Women and Children, was called to order by Dr. James B. White, of New York, Dr. Robert Battey, of Georgia, acting as secretary.

The secretary read a paper by Dr. W. H. Byrd, of Quincy, Ill., upon The Surgical Treatment of Some of the Diseases of the Female Urethra, and it was discussed by Drs. Marcy of Massachusetts, Smith of Iowa, Jenks of Michigan, Kendall of Illinois, and A. Reeves Jackson of Chicago.

Dr. Jenks, of Michigan, offered a resolution to the effect that a committee of three be appointed by the chair, to whom, with the chairman and secretary, all papers read should be referred, to decide as to the propriety of publishing them.

The resolution was adopted, and the chair appointed Drs. Jenks of Michigan, Dean of New York, and Marcy of Massachusetts.

A paper on Extirpation of the Uterus, by Dr. Gilman Kimball, of Massachusetts, was read by Dr. Martin, of Massachusetts, and a somewhat lengthy discussion was carried on relative to the subject by Drs. Reamey of Cincinnati, Kimball and Martin of Massachusetts, Smith of Iowa, Sims of New York, Jennings of Arkansas, Morris of Massachusetts, Attlee of Philadelphia, Byford of Chicago, James Grant of Ottawa, Can., Dr. Mary Thomas of Indiana, and the chairman of the section.

Dr. N. Bozeman, of New York, read a paper on Vesico-Vaginal Fistula.

Section 3, Surgery and Anatomy, was organized with Dr. F. H. Hamilton, of New York, as chairman, and Dr. John E. Owens as secretary.

The first paper read was by Dr. J. T. Hodgen, of Missouri, upon The Value of Extension in the Treatment of Fracture of the Femur. In the paper the following propositions were set forth:—

(1.) That in the treatment of fracture of the femur continuous and equable extension is indispensable to the best results is conclusively shown in the impossibility of maintaining with equal certainty accurate coaptation by any other means.

(2.) That continuous and equable extension cannot be secured by lateral support.

(3.) That continuous and equable extension can be secured only by suspending the limb, because in no other way can we avoid friction between the extending force and the part to be extended.

(4.) That suspension furnishes the best means for allowing motion to other parts of the body, while perfect apposition of the fragments of fractured thigh is constantly maintained, because there is no resistance offered to the movement of the limb in any direction in which the body may be moved except in the direction from the point of suspension, and in every other direction the limb follows the movements of the body without the least friction.

The discussion which ensued centred upon the above propositions, in regard to which Dr. Keller, of Arkansas, said his experience warranted his arrival at entirely different conclusions from those to which his fellow practitioner had come. Several gentlemen, however, indorsed the propositions of Dr. Hodggen, among whom were Drs. W. H. Hingston, of Montreal, and Earley, of Arkansas.

Dr. Hingston offered the following resolution, which was adopted:—

Resolved, That in fractures of the thigh, notwithstanding the judicious employment of every mechanical contrivance hitherto devised, shortening of the limb is of frequent occurrence.

Dr. Peck, of Iowa, then said that inasmuch as there was a slight misunderstanding on account of what was said last year regarding the treatment of fractures, he would offer the following resolution:—

Resolved, That it is the opinion of this section that shortening in cases of fracture of long bones is the rule in practice regardless of any of the plans of treatment now in use.

A spirited discussion ensued upon the submission of the resolution. Some strongly advocated its adoption, while others as strongly objected to it. A motion was made to lay it upon the table, which very nearly had the desired result.

Dr. Hevans, of Missouri, did not think the passage of such a resolution advisable. He objected to any association voting upon a scientific subject.

On the other hand, Dr. Gunn, of Chicago, thought the resolution ought to be carried. He did not look upon the question as one of science, but one of fact. Shortening of a fracture was the rule, and full length the exception. This was the purport of the resolution, and he hoped it would be passed.

After some further talk *pro* and *con*, the resolution was adopted, and the paper referred to the committee on publication.

Section 4, Medical Jurisprudence, Chemistry, and Psychology, met with Dr. Eugene Grissom, of North Carolina, as chairman.

The first essay read was by Dr. John P. Gray, of Utica, New York, on The Relations of Spiritualism to Medical Jurisprudence. He took as the foundation for his effort the Ward will case, and drew several conclusions from the facts, as follows: (1.) Spiritualism must not be taken as evidence of insanity. (2.) A belief in communications from the unseen world from supernatural messengers is not an insane delusion. (3.) The belief that mediums can communi-

cate with the dead is not an insane delusion, but no evidence has been as yet presented of the truth of such communications having been made. They are mere assertions of the so-called mediums. (4.) The implication of fraud must stand against all such persons' communications, as the dead party cannot be reached except through the so-called medium, and therefore the living party to whom the communication is made has no power of communicating with the dead. The whole is received simply through the medium. (5.) Such communications cannot be received in courts of law, as they are excluded by the rule of rejecting conversations not held in the presence of both parties. (6.) If spiritualism is espoused as the result of the disease of the brain, being before repugnant to the belief and mental operations of the individual, then it is an insane delusion. Spiritualism must be regarded simply under such ruling of the court as undue influence. When it is a fraudulent influence, or conspiracy in the case of writs or contracts, then the writs and contracts made under such influence must be void. (7.) The most serious questions would arise where a person should attempt to commit homicide under the direction of the so-called spirits. The presence of a medium in such a case would suggest fraud and conspiracy. If the individual were a spiritualist through life and before the time, no insane delusion can be claimed, unless it can be found in a brain disease. He would have to stand in that case upon the same platform as ordinary criminals. (8.) Spiritualism can be considered only as an occasional delusion, and not as a cause or form of true aberration. It stands on the same footing as witchcraft, vampirism, etc. (9.) The medico-legal bearing must be determined by the facts in such a case, whether it is an insane delusion or entertained simply as a speculative belief with reference to the unseen world. Medical science can take no cognizance of it as a speculation.

Section 5, State Medicine and Public Hygiene, met with Dr. E. M. Hunt, of New Jersey, in the chair. The principal feature of this committee's session was the reading of a very exhaustive and able paper on The *Ætiology of Enteric Fever*, by Dr. J. L. Cabell, of Virginia. The essay was very long, and treated of the conditions under which the fever is most readily developed. He had given the subject careful study, and his essay was illustrated by many interesting and valuable cases in the practice of medicine in his State. Dr. Cabell in his paper took the ground that the proof of indirect contagion is without a doubt. There are other causes for these fevers beside sewers and fecal matter, and he cited many instances where the fever had broken out in the healthiest mountain regions, away from miasmatic influences. He takes the ground that it is a specific fever, and its origin is largely attributable to contact with the sick.

WEDNESDAY, June 6th. Dr. E. R. Squibb read a paper on the revision of the United States Pharmacopœia, in which he severely criticised the last edition of the United States Dispensatory. Many recent improvements and important discoveries are not noticed, and useless foot-notes and explanations remain as they were in the former edition. Dr. Squibb's language was logical and convincing, and his address was received with favor; but he was of the opinion that nothing could be done this year in the way of preparing a new Pharmacopœia.

There were also addresses by Dr. P. G. Robinson, of Missouri, on Practical Medicine, and by Dr. James P. White, of Buffalo, on Obstetrics.

THE SECTIONS.

In Section 1, Dr. N. S. Davis read a Report on Clinical and Meteorological Records. His conclusion was that the bowel affections so characteristic of this temperate climate begin invariably with the first week of continuous high temperature, and each recurrence of an attack of bowel complaint is accompanied by continuous high temperature, but to produce disastrous effects the high temperature must immediately follow a season of cold. These conclusions Dr. Davis corroborated by citations from mortality tables.

Dr. Charles Denison, of Colorado, read a paper on Cases showing the Influence of Colorado Climate on Consumption, the paper being supplemental to one read in 1876. Dr. Denison was a warm advocate of Colorado air as a specific for consumption, and presented many tables of statistics relative to the subject. He gave detailed accounts of twelve phthisical cases, of which half were favorable and half unfavorable to the Colorado climate. He had been led to the conclusion that consumption might be benefited by the Colorado atmosphere, not only in its early but, under proper conditions, in its later stages. The influence of altitude on phthisis was favorable in the beginning of chronic inflammatory and hemorrhagic cases, and in cases allied to these. It was unfavorable if the disease were characterized by cardiac disease, associated with increased labor and abnormal activity, with nervousness and want of courage. The paper gave rise to a warm debate.

Section 2 met with Dr. J. P. White, of Buffalo, in the chair.

Dr. Marcy, of Massachusetts, read an essay on Congenital Absence and Imperfect Development of the Uterus.

Section 3, Surgery and Anatomy, met in Farwell Hall, the attendance at this section being greater than that at all the other sections combined. Dr. S. G. Gross read a paper prepared by his son, Dr. S. W. Gross, of Pennsylvania, on Stricture of the Urethra from Masturbation, and its Pathological Significance. Dr. W. T. Briggs, of Tennessee, read a paper on Medio-Bilateral Lithotomy, which was discussed by Dr. J. T. Hogden of Missouri, and Professor Langford and Dr. Gouley of New York. Dr. Lewis A. Sayre described his Treatment of Fractured Ribs by Extension and Expansion of the Thorax and Retention by Plaster-of-Paris Bandages. Dr. Whipple, of New Jersey, described an operation of his in which he removed one and a half inches of the tibia and fibula of a patient. In the discussion of this case, Dr. Link, professor of anatomy in Indianapolis, described cases in his practice showing that the repair of a bone did not depend on the existence of periosteum.

Section 4, Medical Jurisprudence, Chemistry, and Psychology, spent the entire afternoon in listening to and discussing a paper by Dr. R. J. Patterson, of Illinois, on the subject, *Do Facts justify the Recognition of Moral Insanity as a Distinct Form of Mental Disease?*

Dr. Patterson's conclusions were adverse to such recognition. His paper contained statistics from a large number of insane asylums, running back over several years, and showing a very marked diminution of cases of so-called "moral insanity." This proved either that the disease was becoming less fre-

quent, or that the doctors were losing their belief in the existence of such disease and attributed the cases to other diseases. Dr. Patterson objected to the recognition of moral insanity as a distinct form of mental disease, because there were no cases in which it was shown that a person suffered from "moral insanity" while the intellect was perfectly rational. No person would suffer by the denial of this recognition. The term "moral insanity" not only does no good, but it does positive harm by enabling unscrupulous lawyers to set up a specious plea in behalf of their clients, especially in cases of homicide, in which there is no question as to the soundness of the intellect. The cases of Sickles, McFarland, and many others were cited here. And finally, very few of the highest authorities, medical or legal, recognized such a disease as moral insanity, and the plea of that disease is looked on with suspicion by experts.

Dr. John P. Gray, superintendent of the New York State Lunatic Asylum, said the institution he had charge of had been cited by Dr. Patterson as refusing to recognize moral insanity. That was true so far as he was concerned, but his predecessor, Dr. Brigham, believed in it, and according to the asylum's records there had been two thousand cases of moral insanity in that asylum alone. He, Dr. Gray, had examined ten thousand cases of insanity without finding one that he regarded as a case of moral insanity. Dr. Brigham made three or four classes of moral insanity. One class was the impulsive, that characterized by a single manifestation, such as an impulse to commit homicide, with no other deviation from health. Dr. Gray did not believe such a case ever existed, but Dr. Brigham did. Dr. Gray would as soon think of impulsive diarrhoea as of impulsive insanity. The idea of a disease that comes in a moment and goes in a moment conflicted with all his ideas of physiology and psychology. One of the asylums Dr. Patterson cited, that at Longwood, reported in one year a phenomenal amount of "moral insanity." Probably "rum" would express all of it.

In a monograph by Despine, read a few years ago before the Academy at Paris, and for which a prize was awarded, the author pronounced all insanity as deep, ingrained immorality, ingrained by the patient himself, and held that insanity is not a sickness at all, but a disease of the soul.

Dr. Ray, the chief believer in "moral insanity," does not give the clinical history of a single case that occurred under his own observation at the Butler Asylum, Providence. Moral aberration was a matter of degree. There are persons who have a considerable amount of mental shrewdness, and yet whose moral nature is so perverted that they do not know right from wrong. The law puts such people into prison.

Referring to the subject of heredity, Dr. Gray said that persons who suffered from moral taint transmitted by parents might be held to be morally defective, but it was unjust to them and to the profession to regard them as diseased. The soul, he said, might be tarnished, but it could not be diseased, for what might be diseased would die.

Dr. Thompson, of Mississippi, made the point that moral insanity was believed in more formerly than it is now, and Dr. Ray has modified his statements in late editions of his own book.

Dr. Battey, of Georgia, said that in the asylums under his charge, where

there were twelve hundred patients, there had during twenty-one years been no case regarded as moral insanity.

Dr. Knight said that if the term "moral insanity" implied the perfect soundness of all faculties except the moral faculties, there was no such thing.

In reformatories there were, he said, perfectly healthy boys who would rather do wrong than do right. Punishment they seek to evade, but if it is applied it does no good. They sleep well and eat well, and their minds seem bright enough. It is doubtful if these persons were morally responsible.

Dr. Seguin, of New York, believed in moral insanity. In idiot asylums children were received who were worse than idiots. They had an inevitable habit, a necessary impulse to sin. They had no symptoms of idiocy. They were healthy in body and bright in mind. He told of a boy who had on twenty occasions shut himself up in a room and set fire to the furniture. He knew that he was doing wrong, but he had a necessary impulse to do it. The boy has been cured, and is now a perfectly good boy.

The origin of moral insanity among children was a want or, better, a need. This boy had a need to see bright things as some people have to speak constantly. This boy's insanity was a sort of sensory insanity.

Dr. Buck, of Canada, also believed in moral insanity. Two patients in his asylum were conspicuous examples of it. He had failed to detect in either any intellectual delusion, but their moral natures were so perverted that they could not live in society. One of these cases was a woman who was clever, neat, intelligent, and in perfect health, but she was subject to violent attacks of passion, and had excessively erratic tendencies. The other case was a man. His mind was sound enough so that he had accumulated a fortune, and he was perfectly healthy; but if at large would maltreat his family, and commit other acts, making his existence in society impossible. Dr. Buck believed there were many other cases in his asylum where the initial departure from health was in the emotional nature. A very marked departure of the emotional involves the intellectual nature. He held that a moderate moral aberration constituted criminality, while excessive aberration constituted moral insanity. The intellectual nature affects the emotional nature but slowly, while the emotional nature has immediate and tyrannical power over the intellectual nature.

Dr. E. M. Hunt, of New Jersey, presided over Section 5.

State Medicine and Public Hygiene was the topic under discussion, and the first paper read was by Dr. J. R. Black, of Ohio, the title of whose essay was the Relation of Heredity to Race Degeneration and Improvement. The author concluded that the more the race tended toward the primitive types, the better for the health of the people, because, in those times, when all were exposed to hardship and rough living, the sword of privation fell fatally on those who were weakly and undeveloped. If people afflicted with hereditary disease would refrain from perpetuating their species, the human race would soon become perfect as of old, but, unfortunately, the congenital desire was too strongly implanted in human nature to make such self-sacrifice possible. But, even with this drawback, by attention to the principles of health, by avoiding marriages with blood relatives, and by living temperately and decently, the degeneration now so marked in our population would be, if not entirely obliterated, at least checked in a gratifying and promising degree.

Dr. Comegys read a paper on State Medicine, which particularly dwelt upon the necessity of rigid legal restrictions as regarded admission to practice. The state should exercise over all physicians a supervision so careful that no unqualified person could by any possibility foist himself upon the community. In pursuing his subject he remarked that gentlemen following the profession of medicine were, like clergymen, virtually debarred from the field of politics, which he did not consider an unmixed evil, by any means.

THURSDAY, June 7th. The treasurer, Dr. Atkinson, submitted the following report:—

The treasurer has the honor to report: that under positive instructions of the association the prize essay has been published at a cost of some six thousand dollars; this unusual outlay, in addition to the unusual volume of the Transactions, leaves the treasury in an exhausted condition, as it has practically given to each member nine dollars in value for five dollars received.

In this, his last report, after twenty-two years of service, it remains for the treasurer to thank the association for its long-continued confidence, and to regret that in leaving the treasury solvent he cannot leave a more abundant surplus. The amount in the treasury is now \$172.72.

Dr. N. S. Davis reported that but two prize essays had been presented, one of which was unworthy and the other came too late to be examined. It was voted that no prize be given.

At eleven A. M. Dr. Ezra M. Hunt read an address on Hygiene and State Medicine, which he considered of the greatest importance.

Dr. Squibb resumed his speech of the preceding day on the Pharmacopœia. He closed by stating that there were three courses for the association to pursue: First, to lay the whole matter on the table, leaving it exactly as it was, on the ground that the association was not necessarily involved in revising the Pharmacopœia at all; second, the association might make a Pharmacopœia such as it saw fit, allowing it to take its chances with others. He thought this latter plan would not create a Pharmacopœia which would be accepted by the army and navy. The third plan was for the association to appoint a committee to consider the matter in detail and report in 1878, on which occasion all the state societies should send their delegates thoroughly instructed as to their ideas on the subject.

Dr. H. C. Wood, of Philadelphia, expressed himself strongly against the revision of the Pharmacopœia. The fault lay not in the book, but in those who neglected their duty by failing to attend conventions, and neglecting other modes of improving themselves, and the world also. He expressed himself deeply grieved that the discussion of the subject had been the means of kindling ill feeling between certain members of the association.

Dr. Brodie moved to refer the whole matter to a committee of five.

Dr. N. S. Davis then took the floor, and made a speech in which he protested against the dragging in of this matter of discord, and warmly indorsed the remarks of Dr. Wood. In his opinion, such discussions tended to disruption and demoralization, and he hoped the association had heard the last of them. [Applause.] The only duty the association had to perform in the premises

was to consider a new Pharmacopœia, and to suggest improvements which would benefit the profession. Members should be imbued with that idea. It was a feeling that would be of gradual growth, and there was no real use of forcing the question upon the association just then. He moved that the whole matter be indefinitely postponed. The motion was carried amid loud applause.

The committee on nominations reported, for president, T. G. Richardson, of Louisiana; vice presidents, J. P. White, New York, Moses Gunn, Illinois, G. W. Russell, Connecticut, A. Dunlap, Ohio.

THE SECTIONS.

Section 1. Dr. H. A. Martin read a report on bovine vaccination. He thought state governments ought to keep stables for the production of the bovine matter. He had for several years maintained such an establishment without profit. He wished to create no sensation, but it was a fact that syphilis had been sometimes transmitted by humanized virus. The bovine matter insures absolute purity. During the great small-pox epidemic in Boston, in 1872-73, the city authorities undertook to use humanized virus, but there was so general protest that they were obliged to buy eighty-four thousand points of his bovine matter. He had known persons vaccinated with the humanized matter to have the small-pox, but he never had known of a person who was vaccinated or revaccinated with bovine matter to have the small-pox.

The paper was referred to a special committee consisting of Drs. Bowditch, Wheeler, and Wigglesworth to report to the committee on publication.

Section 3. Dr. S. D. Gross read a paper on pain. In the discussion which followed, the writer stated that the nervous fluid is precisely similar to, if not positively identical, with the electric or galvanic fluid, modified by the play of the vital actions which everywhere exist in the organs and tissues through which the nervous fluid circulates; that the fluid under consideration is generated by the brain, spinal cord, and nervous ganglia, and that the nerves are simply passive cords, ropes, or, so to speak, wires for the transmission of the nervous fluid; that pain is due immediately and directly to obstruction to the transmission of the nervous current, thus causing an accumulation of nervous fluid at the seat of the obstruction.

Dr. Marcy, of Cambridge, Mass., read a paper on the subject of bandages.

Dr. Sayre exhibited a case illustrating reflex incoördination from genital irritation, the illustration being an idiotic little girl about twelve years of age, and described his mode of treatment in such cases.

Dr. S. J. Jones read a paper on Recent Advances in Otology, and was followed by Dr. Andrews, who gave an abstract of a paper going to show that incisions can be rendered painless by high velocities, illustrating his idea by a peculiar incisor of his own contrivance.

Section 5. Dr. Elisha Harris read a paper on the Results of State Legislation on Public Health.

Dr. Sutton, of Indiana, was called upon to give his experiences in dealing with trichina. He advocated the passage of an act forbidding swine to run at large. In his town (Aurora) there was a very large distillery, where a great many swine and cattle were fed. Beneath their pens was an accumulation of filth which had been undisturbed for twenty years, and which was constantly

disseminating disease. The city council being selected by men interested in the maintenance of this disease-breeding establishment, it was impossible to procure the requisite legislation for its removal.

FRIDAY, June 8th. There was a good deal of routine business, and the election of officers, after which Dr. Singleton, of Kentucky, offered a series of resolutions, which were adopted, to the effect that the tariff on quinine should be abolished.

Drs. Woodward and Seguin proposed that delegates be sent to the International Medical Congress at Geneva to advocate uniformity of means of observation and records.

After the usual votes of thanks, and some remarks by the retiring President, Dr. Richardson, the President elect, was introduced, and spoke as follows:—

Gentlemen of the Association: In taking the chair which you have so generously assigned me, I have abundant reason to feel especially and profoundly grateful. In consequence of my former inability to attend the meetings of the association, except at long intervals, and the few other opportunities I have enjoyed of meeting professional gentlemen from the widely separated States of this vast republic, I am entirely unknown to all but a few of those whom I now have the honor to address. I cannot, therefore, look upon my elevation to this dignified position in any other light than as a compliment to the distant Southwest, of which I am a citizen. I thank you, then, in the name of the States composing this large and important section of the country, and more especially in the name of my dearly loved little Louisiana, who, having at length emerged from the thicket of briars and thorns in which she was for so many years entangled, is now arranging her disheveled hair and mending her tattered garments, in order that she may make a respectable appearance in the now—thank God!—unbroken national family circle.

Permit me also to say that not the least of my embarrassments in taking this seat arises from the acknowledged distinction with which it has just been filled by my accomplished predecessor. I cannot hope to emulate the dignity and grace with which he has presided over the meetings of the association: much less can I hope ever to attain an equal place with him in the hearts of the medical profession of the entire United States; but, gentlemen, I feel assured that the great generosity you have shown in placing me in this chair will not be found wanting in the hour of my trial, and that out of the shreds of my feeble and overtaxed abilities you will weave a mantle of charity with which to cover the shame of my many mistakes.

The association adjourned to meet at Buffalo, N. Y., on the first Tuesday of June, next year.

MEDICAL NOTES.

—An exchange contains the account of a man suffering from acute articular rheumatism who was fatally poisoned by salicylic acid. To diminish the pain a subcutaneous injection of morphia was made, and four powders containing about ten grains each of salicylic acid were ordered to be taken at inter-

vals of an hour. Profuse sweating followed the exhibition of the first powder, and extreme weakness, which increased to such an extent with the second and third that the wife of the patient hesitated about giving the fourth, which was demanded by the patient. Directly after taking it intense headache and vomiting followed, the latter lasting through the night; then unconsciousness came on, accompanied by heavy groaning. The unconsciousness was broken once by the patient calling out "Head," in answer to his physician. In spite of all treatment the patient died forty hours after taking the first powder. There was no autopsy. It is not to be supposed that there was an inflammatory complication of the brain here; the symptoms rather pointed to poisoning, and a careful examination of the preparation of acid showed it to have suffered some chemical change which was indicated by its color and odor. Stricker's advice to examine the salicylic acid always, and use only the crystallized, is worth remembering.

— In a paper by John L. Cleaveland, M. D., on the Effects upon the Fœtus of Medicines given to the Pregnant Woman, published in *The Clinic* for May 19, 1877, the author arrives at the following conclusions:—

(1.) That certain remedies, potassium iodide, salicylic acid, and chloroform, may pass from the maternal into the fœtal circulation.

(2.) The acute exanthemata, scarlatina, measles, small-pox, and perhaps vaccination, can be propagated by the mother to the fœtus. Whether syphilis passes from the mother to the fœtus, or *vice versa*, remains yet undecided.

The effect of maternal, mental, and emotional influences upon the vitality and development of the fœtus is undetermined.

As to the therapeutic effects of medicines upon the fœtus almost nothing is known. There is only one class of remedies that is administered with the belief or hope that they will have any effect upon the fœtus, namely, syphilis specifics, and the efficacy of these are stoutly denied by some.

Chloroform is known certainly to enter the fœtal circulation, but it is not known to exercise any pernicious effects. Zweifel claims that jaundice may be caused. This, however, is not proved.

It has not been demonstrated that morphia passes into the fœtal circulation, but clinical testimony seems to show that it sometimes does. Clinical experience appears to prove that in the hands of most practitioners, and in the vast majority of cases, opiates may be used with safety to the fœtus.

It appears, however, on the other hand, from the testimony of some observers, that the hypodermic use of morphia to its full physiological effect produces in the fœtus dangerous phenomena, cyanosis, impaired respiration, irregular pulse, contracted pupils, a disposition to sleep, and sometimes convulsions. It is of the utmost practical importance to us all that this latter point should be determined.

— Nilsson, the well-known soprano, has contributed £2000 to the Lady Augusta Stanley Memorial Institution for Trained Nurses in London, and has also consented to give a concert for the same object from which a return of £1500 is hoped for.

— Five well-known physicians of Paris, namely, MM. Regnaud, Dubois, Méranden, Cintrat, and Carrère, have died of diphtheria within a short time.

LETTER FROM CHICAGO.

Messrs. Editors, — The American Medical Association has come and gone. It was preceded by a meeting of the American Medical College Association, which perfected its organization and adopted its articles of confederation. The meeting was quite harmonious, and the general belief here was and is that the organization ought to be a useful one; yet there is a grave suspicion that, owing to many of the colleges having a grade of requirements so low that they will keep out of the association, while some have a grade so high that they will not enter it, it will accomplish nothing.

Following the college convention occurred the little meeting of medical editors. Nothing was done but the reading of an address by the president, Dr. H. C. Wood, and the slight discussion of it and the needs of our medical journalism by two medical editors,—one of whom said he had nothing to say,—and by two gentlemen not editors at all.

The attendance upon the American Medical Association was quite large, almost seven hundred delegates being present. The sessions were generally very harmonious, and a good deal of useful work has been accomplished. Everybody to-day at the adjournment seemed delighted at the result of the meeting. Occasionally a man has been heard to scold at some action in the general sessions or in some of the sections, but the complaints have been few and not loud. Dr. Sayre, for instance, laments that a vote was passed in the surgical section that in fractures of the long bones, the thigh particularly, shortening was the rule with any kind of treatment yet devised, because, as he claims, with the right kind of treatment shortening *ought not* to occur.

The success of the meeting was enhanced in no small measure by the sensible address of the president, Dr. Bowditch. Dr. Bowditch directed his attention not to the general interests of the profession unconnected with the association, but to the needs and interests of the latter itself. His suggestions for keeping the Transactions down to something like a manageable and useful size have met with great favor. His entire address, his whole bearing indeed, only added to the high opinion previously held of him by those who heard it.

Altogether, the most exciting event of the meeting was the discussion regarding the Pharmacopoeia, by Drs. Squibb and Wood.

When the discussion began, most of the members were against the "proposed plan" and its author, but Dr. Squibb captured the convention. Everybody was struck with the candid, fair, and logical argument he read. His reply to the pamphlet of Dr. Wood, and his arraignment of the present plan of revision of the Pharmacopoeia, was indeed a masterpiece. In one thing his lack of judgment was apparent. He might have known the association could not listen to a paper requiring two hours to read, when time would have to be allowed for a reply and other discussions. So he had to bear the misfortune of having his paper cut into three parts, two of which were read on respective days, and one omitted altogether. His personal appearance tends strongly to excite the sympathy of his hearers. We always feel a tender interest in the soldier with honorable scars of battle, and the scars on the face of the chemist tell of courage and work which make a hero.

Wood is by many years the junior of Squibb ; perhaps thirty-five years have not passed over his head ; and his speech, short and tempestuous, had all the vigor promised by his robust appearance. When the whole matter was postponed indefinitely everybody breathed easier ; nobody, Dr. Squibb declares, more so than himself. Indeed, he declared again and again that under the circumstances he would be best pleased with the dropping of the subject entirely. The feeling is general here that the thorough ventilation of this whole matter will be of great benefit on the forthcoming revision of the Pharmacopœia, and that therefore the profession ought to be glad the discussion has taken place.

You do not need to be told how your own Bowditch looks, but I am going to tell how the new president, Professor Richardson, of New Orleans, appears. Imagine a stout, straight, broad-shouldered man of say fifty, with a broad, high forehead, with short, brownish auburn and slightly curly hair ; with curly beard over the whole face, both hair and beard slightly sprinkled with gray ; with eyes that look rather open. He can make a good speech — he has made two ; one in the college convention and one just before the adjournment of the association, both of which made him many friends and admirers.

All the delegates the writer has heard speak of the matter have declared that the entertainments — the receptions — at the residences of our citizens have been the finest they ever attended anywhere at a meeting of doctors, that the local profession here have done well in providing for the association, and that Chicago is altogether the most extraordinary phenomenon they remember to have seen ; this statement must be allowed for in consideration of the fact that the ears of the writer are Chicago ears.

The excursion to Lake Geneva, Wisconsin, provided for to-morrow, will be attended by about two hundred. It bids fair to be the event of the occasion, so far as entertainments are concerned. * *

JUNE 8, 1877.

REMARKS ON HYDROPHOBIA.

MESSRS. EDITORS, — Two recent numbers of the JOURNAL, May 10th and 17th, open with cases of hydrophobia : the former by Dr. J. C. Bartlett, of Chelmsford, and the latter by Dr. E. A. L. François, of Saugus Centre. The treatment was a fair average routine in such cases, but did not save the patients.

Dr. Bartlett laments the opprobrium that must befall the Massachusetts Medical Society for not "systematizing the knowledge we really have and thoroughly investigating the subject." It seems to me that to "systematize the knowledge we really have" would imply that we had the knowledge of correct treatment, but without the method, hence the failures. Now the fact is, we have been in the dark ever since the disease was known, and we may as well lay the present system aside. It has not the merit of common sense. With your permission I will briefly "ventilate" my views.

I gather from observation and the remarks of the vulgar and the intelligent, in countries where dogs are treated humanely, on the principle of live and let live, both sexes are equally spared, and are "as thick as frogs in Egypt."

During a residence of eleven years in Brazil I never heard of a case of hydrophobia, and pressing inquiries elicited what was regarded as a true solution of *rabies* in the dog. It was *our* inhumanity to the animal. Domesticated and domiciled as a true friend, we are regardless of his natural instinct. We destroy the female to an extent which causes an unnatural disparity of the race. In Brazil the mare is never ridden; it is considered *vulgar*. Thousands of them may be purchased for four or five dollars a head, but the horse brings ten to twenty times more. So much for taste. In Newfoundland dogs are abundant and both sexes are equally spared. A year's residence on the islands gave me no information of hydrophobia, and the same may be said of all other countries where the law of animal instinct is not thwarted or perverted under the ban of an ignorant and false modesty.

To add to our knowledge of the treatment of hydrophobia, we should commence with the dog. When the animal shows signs of the disease, he is killed and buried, and if he has bitten a few other animals they are hunted down and killed also, thus destroying the best material for investigation. Now let the Massachusetts Medical Society take the initiative and offer a suitable reward or prize to its members for investigations on the subject. So might the American Health Association, and other institutions. The fact is that the thing is attended with difficulties, and handsome inducements must be made properly to unravel the whole subject.

In the absence of any recorded treatment with success in cases, often so suddenly presented, as the two cited, there does not seem to be any hope. The treatment at most is only palliative. Any treatment should commence *immediately* after the sufferer is bitten. *Cauterization is a humbug*. It is never timely, and never can be. The virus has done its mischief in a few minutes, but a favorable prognosis, it seems to me, may be given by an antiseptic course. Alcohol in some form is a common agent in treating insect and serpent bites in all warm climates. I will state a case. My servant-man, in Brazil, was stung on the shoulder by a scorpion, probably dropping from some decayed wood which he was carrying. He was immediately in dreadful agony and frightened to death. I promptly saturated his shoulder over the affected and swollen spot with rum, and dosed him with it to stupefaction. Within half an hour he was in a sound sleep, and awoke therefrom well, the swelling disappearing as rapidly as it gathered. So in case of a person bitten by a mad dog, or supposed to be, I would saturate the wound with our best antiseptics and keep applying them, by means of saturated compresses, until healed; and as promptly I would dose the patient with milk-grog to stupefaction, and put him to bed under heavy and warm covering to promote perspiration. This treatment for twenty-four hours at least would seem sufficient as far as the bed is concerned, but a moderate use of the milk-punch should be continued until a sufficient time has elapsed to make all danger improbable. To the punch might be added a grain or more of some of the antiseptic salts now so much employed in practice. Prohibitionists, and perhaps the sufferers, might object to the alcohol. They can have it in small doses by the hypodermic process, or in lieu of that can use some other antiseptic. The aim is to mollify the poison or eradicate it from the system, and the use of

antiseptics, as we understand their action, is a common-sense way of treating hydrophobia or any other disease produced by the absorption of poison. Dr. François rightly used alcohol, and it is a pity that he did not carry it further. It seems to us that any attempt to administer it by the mouth, in extreme cases, is useless. Better to rely upon *alcoholic milk injections* repeatedly administered, until stupefaction is produced, and, above all things, to have pluck in doing it.

AARON YOUNG, M. D.

Boston, May 23, 1877.

COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING JUNE 2, 1877.

	Estimated Population, July 1, 1877.	Total Mortality for the Week.	Annual Death-Rate per 1000 for the Week.	Death-Rate for the Year 1876.
New York	1,077,228	430	20.76	27.46
Philadelphia	850,856	271	16.56	22.88
Brooklyn	527,880	209	20.59	24.81
Chicago	420,000	129	15.95	20.41
Boston	363,940	137	19.58	23.89
Providence	103,000	35	17.67	18.34
Worcester	52,977	12	11.78	22.00
Lowell	53,678	21	20.34	22.21
Cambridge	51,572	11	11.08	20.54
Fall River	50,370	12	12.39	22.04
Lawrence	37,626	8	11.06	23.32
Lynn	34,524	11	16.57	21.37
Springfield	32,976	3	4.73	19.69
Salem	26,739	10	19.45	23.57

BOSTON SOCIETY FOR MEDICAL OBSERVATION. — The last regular meeting of the season will be held on Monday evening next at eight o'clock, at the rooms, 36 Temple Place. Dr. Knight will read a paper upon A Case of Anosmia following a Blow on the Head.

THE eighty-seventh annual meeting of the New Hampshire Medical Society will be held at Concord on Tuesday and Wednesday, June 19th and 20th.

THE first annual meeting of the American Dermatological Association will be held at Niagara Falls on the fourth day of September next. The titles of all papers to be read at any annual session must be forwarded to the secretary, L. Duncan Bulkley, M. D., not later than one month before the first day of the session.

BOOKS AND PAMPHLETS RECEIVED. — Tracheotomy in Diphtheria. By J. H. Pooley, M. D. (From the Richmond and Louisville Medical Journal.) 1877.

The Use of Uterine Supporters and the Specialty of Diseases of Women. By Clifton E. Wing, M. D. Boston: A. Williams & Co.

Proceedings of the Philadelphia County Medical Society in reference to the United States Pharmacopœia. 1877.

A fine steel-plate engraving of the late Dr. James Jackson. (For sale by A. Williams & Co.)

Review of Dr. Squibb's Proposed Plan for the Pharmacopœia, and Resolutions adopted by the National College of Pharmacy of Washington, D. C.

Twenty-Eighth Annual Announcement of the Woman's Medical College of Pennsylvania.

Metric System of Weights and Measures. From Hance Brothers & White, Philadelphia.

Alcohol as a Food and Medicine. By Ezra M. Hunt, M. D. New York: National Temperance Society and Publication House. 1877.